

because I think it is important. The gentleman talked about the fact that if the Democrats or if, on a bipartisan basis, we had been allowed to develop a bill that kept traditional Medicare and just added a prescription drug benefit, which is what most of my seniors, and I think most seniors expected. I mean, if you talk to the seniors about what they expected with a prescription drug benefit, they figured we were just going to have the traditional Medicare, and we were going to add the benefit.

I think it is important before we close that we point out that, as Democrats, we developed and offered an alternative as a substitute on the floor of the House, exactly that. Basically, what the Democratic Party in the House and what our leadership proposed and what both the gentleman from Ohio (Mr. BROWN) and I supported, was simply adding a prescription drug benefit to traditional Medicare. And we used the Part B, which now pays for seniors' doctors bills, as an example.

Under the current Part B, you pay a premium of about \$55 a month. You have a \$100 deductible. Eighty percent of the costs of your doctor bills are paid for by the Federal Government. Twenty percent by you; that is your copay up to a certain amount catastrophic limit where 100 percent of the cost is paid for by the Federal Government.

That is exactly what the Democrats offered as an alternative. We said that for a \$25 premium you would have a \$100 deductible for your first \$100 in drug costs. Eighty percent of your drug bills would be paid for by the Federal Government. Twenty percent copay. And at a certain level, I forget what it was, \$3,000 maybe \$3,500 catastrophic level, 100 percent of the cost would be paid for by the Federal government. And we had a provision in the bill that specifically said that the Secretary of Health and Human Services, the Medicare Administrator, would negotiate price reductions.

I know some of the Republicans said that that would have been a very expensive bill. The bottom line is whatever costs to the Federal Government probably would have been outweighed by negotiated prices, that would have brought the cost down considerably. So there was clearly an alternative out there that would have simply done what most seniors expected and simply added a prescription drug benefit to traditional Medicare.

Mr. BROWN of Ohio. That is a very interesting point. I think seniors in my district and seniors all over the country, because I was hearing this from colleague after colleague, people were wondering why it was so complicated? Why was it so difficult? Why can Congress just not pass a drug benefit?

People understand how Medicare works. You go to a physician. The bill is sent to Medicare to be paid. You go to a hospital. The bill is sent to Medicare to be paid. There is a copay and a deductible. People understand that.

They understand the premium. It is very simple insurance. It is full choice of doctor, full choice of hospital, and why not do the same with a prescription? Then you get the prescription. It is paid for by Medicare. You have full choice of your prescription.

Instead, the Republicans had to make it a lot more complicated. Why? Because they wanted to get their privatization agenda enacted. That means using the insurance companies. It means playing ball with the drug industry. It means a lot of that money, that \$400 billion that should go directly to cover prescription drugs, and very little overhead, the 2 percent overhead that Medicare has been able to keep their overhead at 2 percent. Instead of that, the Republicans are seeing all kinds of money wasted through the insurance and the drug companies.

Frankly, it just kind of amazes me because seniors do think it could be simple. The other part of that \$400, as the gentleman pointed out, that \$400 billion would go a lot further under the Democratic plan because we would do cost controls. We would do various kinds of constraints on costs.

The Canadians, as we have heard many times in this Chamber, the price of drugs in Canada is one-half, one-third, one-fourth of what it is in the United States. Tamoxifen, a breast cancer drug, is one-eighth the cost in France than it is in the United States.

If we could have restrained costs, controlled costs, brought prices down, whatever you want to call it, if we had done that and put this bill into Medicare, put this whole plan into Medicare, a lot less complicated, we could have done it months ago, years ago, we could have done it; and seniors would have a better plan. They would understand what it is about. They would not have all of these questions, but the drug industry and the insurance industry probably would not be so happy, and I guess that is in the end why this body did what it did.

Mr. PALLONE. Mr. Speaker, the last thing I wanted to mention, because I know we only have a few minutes, was the reimportation. I know that many of us saw the reimportation from Canada or other countries as sort of a last-minute effort to try to have some kind of cost controls put into effect. We would rather have cost containment here rather than have to import drugs from Canada or other countries. But the bottom line is that both Houses, both the House and the Senate had passed a provision that would have provided for an essentially legalized drug reimportation, at least from Canada, if not from some of the other countries in Western Europe that were comparable to the United States.

Even though the conference between the House and the Senate had those provisions in both Houses, they ended up essentially eliminating it in the bill. Also, today in the omnibus bill, the appropriations bill that we came back to vote on today, I am sure the

gentleman noticed that that was stripped out of that as well.

So every effort has been made by the Republican leadership and by the Republican President to do everything possible to make sure that there are no cost controls whatsoever. And I still see, and I go back to what I said in the beginning, Mr. Speaker, I still see my colleagues on the Republican side coming down here and saying there is some kind of cost control or savings that the seniors are going to get from this bill.

That is simply untrue. Everything has been taken out. The reimportation language from Canada, specific language that says that you cannot negotiate price. Every effort was made to guarantee that there would be no fiddling whatsoever with the drug companies's ability to simply raise prices as they see fit. That is what we are left to.

It is really sad to think that we have come to that. I know the President signed the bill today, and it is over with in that respect; but, hopefully, and I already see it happening, you will get a groundswell from America's seniors throughout the country over the next few months or the next few years that are going to demand that this bill be repealed or significantly altered. I am convinced that is going to happen.

It is sad to think that there was this huge missed opportunity when we could have actually passed a good prescription drug benefit and done something to help America's seniors, rather than this cruel hoax that has been foisted upon them today.

Mr. Speaker, I want to thank the gentleman from Ohio (Mr. BROWN) for all he has done on this issue over the last few years.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. GEORGE MILLER of California (at the request of Ms. PELOSI) for today and the balance of the week on account of upcoming surgery.

Mr. NADLER (at the request of Ms. PELOSI) for today on account of personal reasons.

Mr. JANKLOW (at the request of Mr. DELAY) for today on account of appearing in court.

Mr. BURTON of Indiana (at the request of Mr. DELAY) for today on account of official business.

#### SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. BROWN of Ohio) to revise and extend their remarks and include extraneous material:)

Mr. BROWN of Ohio, for 5 minutes, today.

Mr. MCGOVERN, for 5 minutes, today.  
Ms. NORTON, for 5 minutes, today.